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CONFIRMATION NO. 7284

<b>SERIAL NUMBER</b> 10/820,492	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 04819-15
<b>APPLICANTS</b> David J. Bayer, Richmond Heights, MO; M. Rankine Forrester, St. Louis, MO; Joe E. Fodor SR., Fenton, MO;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/462,122 04/10/2003 and claims benefit of 60/525,423 11/26/2003 <i>AS 6/8/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>N/A AS 6/8/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Amie Sabr</i> Allowance Examiner's Signature Initials <i>AS</i>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 60
		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> John S. Beulick Armstrong Teasdale LLP Suite 2600 One Metropolitan Square St. Louis, MO 63102				
<b>TITLE</b> Handheld breath tester housing and mouthpiece				
<b>FILING FEE RECEIVED</b> 1964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	